## ATION FEE DETERMINATION RECORD PATENT APPLU Effective December 8, 2004

Application or Docket Number

0/522712

| CLAIMS AS FILED - PART I   |  |                                      |   |                           |                    |                               |     | SMALL ENTITY                            |                        |       | OTHER THAN OR SMALL ENTITY |                        |  |
|--|--|--------------------------------------|---|---------------------------|--------------------|-------------------------------|-----|---|------------------------|-------|----------------------------|------------------------|--|
|  |  |                                      | (Column   | 1)                        | (                  | Column 2)                     | ,   | TYPE                                    | <del></del>            | 1     | C C                        |                        |  |
| U.S. NATIONAL STAGE FEES   |  |                                      |   |                           |                    |                               |     | RATE                                    | FEE                    | 1 Age | RATE                       | FEE                    |  |
| BASIC FEE  |  |                                      | SMALL ENT.  | = \$ 150                  | LARC               | SE ENT = \$ 300               |     | BASIC FEE                               |                        | GRI   | BASIC FEE                  | 300                    |  |
| EXAMINATION FEE  |  |                                      | Satisfies PCT Art<br>(4) = \$50/                                  | \$ 100                    |                    | her situations = 100 / \$ 200 |     | EXAM FEE                                |                        |       | EXAM FEE                   | 200                    |  |
| SEARCH FEE   |  |                                      | U.S. is ISA = \$50/\$100<br>ALL ather countries =<br>\$ 200/\$400 |                           | All of             | her situations = 250 / \$ 500 |     | SEARCHFEE                               |                        |       | SEARCH FEE                 | 400                    |  |
| FEE FOR EXTRA SPEC, PGS.   |  |                                      | minus 100 =   |                           |                    | /50 =                         |     | X \$ 125 =                              |                        |       | X \$ 250 =                 |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |                                      | 12 min  | us 20 =                   | •                  |                               |     | X \$ 25 =                               |                        | OR    | X \$ 50 =                  |                        |  |
| INDEPENDENT CLAIMS   |  |                                      | 2 mi  | nus 3 =                   | •                  |                               |     | X \$ 100 =                              |                        | OR    | X \$ 200 =                 |                        |  |
| MUS  | TIPLE DEPEN                                    | DENT CLAIM PR                        | ESENT   |                           |                    |                               | 1   | + \$ 180 =                              |                        | OR    | + \$ 360 =                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL |  |                                      |   |                           |                    |                               |     |   | OR                     | TOTAL | 900                        |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                   |  |                                      |   |                           |                    |                               |     | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |       |                            |                        |  |
| AMENDMENT A  |  | (Column 1)  CLAIMS  REMAINING  AFTER |   | HIGHE<br>NUMB<br>PREVIO   | EST<br>BER<br>USLY | PRESENT<br>EXTRA              |     | RATE .                                  | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | AMENDMENT 7                          | Minus   | PAID F                    | 0                  | = /                           |     | X \$ 25 =                               |                        | OR    | X \$ 50 =                  | _                      |  |
|  | Independent                                    | 19                                   | Minus   | 2                         |                    | = /                           |     | X \$ 100 =                              |                        | OR    | X \$ 200 =                 |                        |  |
| ¥  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CO    |                                      |   |                           | LAIM               | /                             |     | + \$ 180 =                              |                        | OR    | + \$ 360/=                 |                        |  |
|  | FIRST PRES                                     |                                      | TOTAL ADOIT.<br>FEE   |                           | ÖR                 | TOTAL ADDIT.                  |     |   |                        |       |                            |                        |  |
|  |  |                                      |   |                           |                    |                               |     |   |                        |       |                            |                        |  |
|  | _  | (Column 1)                           |   | (Colum                    |                    | (Column 3)                    | i f |   | ADDI-                  | i 1   |                            | ADOI-                  |  |
| AMENDMENT 8  |  | CLAIMS<br>REMAINING<br>AFTER         |   | NUMB<br>PREVIOU<br>PAID F | ER<br>USLY         | PRESENT<br>EXTRA              |     | RATE                                    | TIONAL<br>FEE          |       | RATE                       | FEE                    |  |
|  | Total  | AMENOMENT                            | Minus   | **                        |                    | =                             |     | X\$25=                                  |                        | OR    | X \$ 50 =                  |                        |  |
|  | Total  | •                                    | Minus   | •••                       |                    | =                             |     | X \$ 100 =                              |                        | OR    | X \$ 200 =                 |                        |  |
|  | Independent                                    |                                      |   | NDENT C                   | LAIM               |                               |     | + \$ 180 =                              |                        | OR    | + \$ 360 =                 |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                      |   |                           |                    |                               |     | TOTAL ADOIT.                            |                        | OR    | TOTAL ADDIT.               |                        |  |
|  |  |                                      |   |                           |                    |                               |     | 766 (                                   |                        | •     |                            |                        |  |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

es the Tilighest Number Previously Pald For th THIS SPACE is less than 20', enter 20'.

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than "T, enter "S". The Trighest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.